Below is an example of how one clinic did to set monitoring schedules by risk.

"Although the clinical evidence review did not find studies evaluating the effectiveness of more frequent monitoring intervals, it did find that continuing opioid therapy for 3 months substantially increases risk for opioid use disorder; therefore, follow-up earlier than 3 months might be necessary to provide the greatest opportunity to prevent the development of opioid use disorder." (CDC Guideline for Prescribing Opioids for Chronic Pain)

Intensity and frequency of monitoring

The intensity of monitoring is determined by the "patient attributes" in Table 3. Patients should be placed in the highest-intensity group for which they meet at least one of the criteria.

Table 2. Chronic opioid therapy patient groups		
Group	Patient attributes	
High-intensity monitoring	 Taking more than 90 mg morphine equivalent dose (MED) per day Taking methadone Age 25 years or younger High score (≥ 8) on the ORT Repeated problems following opioid management treatment plan. Examples include: Frequent early refill requests Escalating dose without consultation with physician Multiple emergency room/urgent care presentations for opioid treatment Getting opioids from multiple prescribers 	

Moderate- intensity monitoring	 Taking between 50 mg and 90 mg MED/day Moderate score (4–7) on the ORT Occasional early refill request or other relatively minor problem following opioid treatment plan
Low-intensity monitoring	 Taking less than 50 mg MED/day Low score (0–3) on the ORT Compliant with medication plan

Table 3. Monitoring frequency by COT patient group Note: Additional patient contacts (in-person, phone, or secure message), assessments, urine drug screens, or care plan updates may be needed, per the discretion of the prescribing clinician.		
Group	Frequency of visits	
High-intensity monitoring	At least twice a year	
Moderate- intensity monitoring	Twice a year	
Low-intensity monitoring	Once a year	